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			TALE DEPARTMENT OF HEA		
	04506	DIVISION OF VITAL RECORDS, 301		RE, MARYLAND 21201	04500
			TIFICATE OF DEATH		
	DECEASED-NAME First (Type or print)	NEVITT	BOOKER	DATE OF DEATH Months H Day	26. HOUR
3. :	MALE	4. RACE HITE	S. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS OAYS HOURS MIN.
7o.	BIRTHPLACE (Stote or foreign		WINIED MEACH WANNIED	DUNTY OF DEATH	
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUT	DOWED DIVORCED	OMERSET CUPATION (Kind of work done	M 12b. KIND OF BUSINESS OR
1	PRINCESAN	NE give speet oddress ER FOS	STER HIME PAPERSON	working life, even if retired +	INDUSTRY
	nission) STATE (Where decease	ed lived, if institution: Residence before 13c.	OLERSVILLE YES NO	13e. STREET AND NUMBER	
14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME First	A Middle	BDONS.
16	o. WAS DECEASED EVER IN U.S. ARA Yes, no or unknown) (If yes give w	MED FORCES? Agr or dates of service) 18b. SOCIAL SECURITY NO. 2/2-/8-0	17. INFORMANT	300KER	MA
F	18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c).)	A		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
1	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (0) Chromi	c/Myocard	ritis	Syears
	428 X	DUE TO, OR AS A CONSEQUENCE OF	D		
	Conditions, if any, which gave rise to immediate couse (o),	(b)			AS A STATE OF
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			14 A 15 C
	last.	(c)			
15	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)	
NOL	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORI	AED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	SIDEDED IN CEDTIEVING
FE	TAG. DATE OF OFERATION	CONDITION TOK WITCH OF EXAMON WAS TENTON	YES NO N	CAUSES OF DEATH?	SIDERED IN CERTIL TINO
CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter note	re of injury in Port 1 or Port 2. Item	m 18.)
MEDICAL		TH HOUR A.M. Month Day Year	Tento note		
MED			21f. LOCATION Street or R.F.D. No.	City or Town	County State
	While Nat while at work of work				
	220. I certify that (I) (th	is hospitol) ottended the deceosed fr	om, 19 , and thot in (my) (our) opiniar	, to, 19	, that (I) (we) la
	couses stoted obove	live an19 e, (I) (we) (did) (did nat) view the body	, and that in (my) (our) opiniar after death.	aeam occurred on the dote	ona naur ona trom tr
	22b. SIGNATURE	2 00 01		CTAFE 22c. DA	TE SIGNED LO
	Glavon	3.12 andomar		OR PHYS. D 3.	17-07
	22d. PHYSICIAN'S NAME (Type) Ed Re	ma. Warksmi	22e_AADRESS PHINCESS	Anna, m	R.
23	a. BURIAL, CREMATION. 23b.	DATE 23c. NAME OF CEME	Marila Subuter 23	J. LOCATION (City or Town)	(County) (State)
24	FUNERAL DIRECTOR	On ADDRESS	2 South BY RE	ISTRAB 69 256 REGISTRAR'S S	GNATURE
	6 avour	tellour wuxunge	THE MA DATE	- "	1. 1

1		04507		DS, 301 W. PRI		TIMORE, MARYLAND 21201	04501
77 19 X		CEASED-NAME First ype or print) OSC		Cottn	lost	20. DATE OF DEATH Mar Month	Soy 6 ^{Yegr} 2b. Hour
	3. SE		4. RACE Negro		DATE OF BIRTH	6. AGE (In years last bighday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	7o. E	BIRTHPLACE (State or foreign stry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED	9. COUNTY OF DEATH SomErsel	N.
ı		Crisfield	11. NAME OF HOSPITAL OF give street oddress)	Mama	during r	UAL OCCUPATION (Kind of work dormost of working life, even if retired	12b. KIND OF BUSINESS OR INDUSTRY
	odmi	ssion) STATE Md.	sed lived, if institution: Residence beft 13b. COUNTY S mer:	Bre 13c. CITY OR TO set Mari	OWN 13d. INSIDE CITY		/
		ATHER'S NAME REFIRST FUEL	Middle Cottm A	n	MOTHER'S MAIDEN NAME	First BIUENS Middle	Lost
		no	var or dates af service) 216-54-9	722 1	MARY A	ing Walker	
	Total Service	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE	Die 2th	u gneme	ed	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
		rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OCCUPAND TO DEATH BUT	OF Mycua	che Chore	EQUIP WYORK RONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	Jenes 190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	S PERFORMED	20o. AUTOPSY? YES NO	CALICEC OF DEATHS	S CONSIDERED IN CERTIFYING
	AL	210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT (If either, notify medical exami-	IG 21b. TIME OF INJURY HOUR A.M. Month Doy Yo	21c. HOW		er noture of injury in Port 1 or Port	2, Item 18.)
		at work ot work	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.				County Stote
		220. I certify that (I) (the saw the deceosed of causes stated above	is haspital) attended the dece live on 3/10/69 e, (I) (we) (did) (did not) view t	osed fram 70 19, ond the body ofter de	<u>た み ラー</u> , 19_ hot in (my) (our) op oth.	binian death occurred on the	19 <u>69</u> , that (i) (we) last date and hour and fram the
		22b. SIGNATURE Level 10 22d. PHYSICIAN'S	L'houlbrum	In DEGREE	ATTENDING PHYS.	MED. DIRECTOR DISTAFF PHYS.	2c. DATE SIGNED
	23o.	NAME (Type) G C BURIAL, CREMATION, 23b. REMODIAL (Spesify)	DATE 23c. NAME	OF CEMETERY OR CR		23d. 10GATION (City or Town)	(County) (State)
L		FUNERAL DIRECTOR /	S/15/67 Crish	JA SSUI		BY REGISTRAR 25b. REGISTRA R 1 7 1969 William	R'S SIGNATURE

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ATE 04508 DIVISION	MEDICAL EXAMINER'S			04502
DEPT. 1. DECEASED-NAME First (Type or Print) Maud.	Middle	De Vaughn	2a. DATE KNOWN Manth OF ESTI- DEATH MATED Maj	
3. SEX 4. RACE W 7a. BIRTHPLACE (State or foreign country) Warrange 75	S. DATE OF BIRTH AUG -20-1898 lost birthdo 7.0.	y) MONTHS DAYS HOURS YRS.	MIN. 2c. DATE PRONOUNCED DEAD Momentum Pay	Year 169 9:15
(duntry) Wenona		WIDOWED DIVORCED	9. COUNTY OF DEATH Somerset	M
10. CITY OR TOWN OF DEATH Wenona	11. NAME OF HOSPITAL OR INSTITU	duri	UAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR INDUSTRY HOusewife
7 admission) STATE Md		enona YES 🛣 NO	□ Main Roa	đ
14. FATHER'S NAME First Edward	Middle Last Cor bet		Lver	Webster
no	or or dates of service) unknown	Walter De	Vaughn, Wenon	APPROXIMATE INTERVAL
PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), and (c).) BY: CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	pancreas		BETWEEN ONSET AND DEATH 9mo
Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	(b)			
	IONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
19a. DATE OF OPERATION April 68 21a. EXTERNAL CAUSE WAS		r of pancreas		20. AUTOPSY? YES NO NO
PRIMARY OR CONTRIBUTING CAUSE OF DEATH	P.M. 19		er nature af injury in Part 1 ar Part 2,	
WHILE NOT WHILE factor	ACE OF INJURY (At hame, farm, street, ary, affice building, etc.)	21f. LOCATION Street ar R.F.D. Na.	City ar Tawn	Caunty State
	ak charge of the remains described ab		XAMINER .	
SIGNATURE	ett SutterMD	M.D. ASSISTANT MEDICAL DEPUTY MEDICAL ADDRESS(Street,	AL EMPHONEN	6-69
	y 4,769 St P	tery or crematory auls Cemetery		(Caunty) (State) merset Md.
24. EUNEKAL DIRECTOR	ADDRESS	2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE

MAKYLAND STATE DEPARTMENT OF HEALTH

TO VALUE TO THE TANK OF SEPTEMBER OF SEPTEMB	6	Maind
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ols Cemerery Monous Somegrab Md.		The second second

	V CHILDRA	1			NO STATE DEPAR				
2			04509	DIVISION OF VITAL RECORDS	CERTIFICATE	01 04	503		
	death.		ECEASED-NAME First (ype or print) John	Middle	Gadd y		2a. DATE OF DEATH	25 69	26. HOURP 8:40 M
	24 hours ofter death ed by the Tunerol prets. Page 10 d 2	3. \$	Male	4. RACE Negro		OF BIRTH An. 10, 189	6. AGE (In year: last birthday)	YRS. IF UNDER 1 YEAR	
•	4 hour	7a.	BIRTHPLACE (State or foreign intry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER		COUNTY OF DEATH	-County	Md
	rely miled within 24		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address) MCC	ISTITUTION (If not in hosp ready Mem	ital 12a. USUAL 0 during mast	OCCUPATION (Kind of wark of af working life, even if retir	dane 12b. KIND (INDUSTRY	OF BUSINESS OR
	> 0.7	13a. adm	USUAL RESIDENCE (Where deceasissian) STATE	13b. COUNTY Residence before	CristiEle	/ 13d. INSIDE CITY LIMITS	_ / //		
	and comp e remove in any eve	14.	ATHER'S NAME First	Middle Last		S MAIDEN NAME First	Cald Midd		Last
	physician on please provol, and in	16a	WAS DECEASED EVER IN U.S. ARA (es, ng, or unknown) (If yes give w	AED FORCES? vor or deless of service] 218-24-19	NO. 17. INFORMAN	FI GAD	Addre	ess	
	oth cert ding ph t. Then remov		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly ane cause per line far (a), (b), and (c)		la-luna	-7	APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
	nat the deoth cel		Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF		anece		'd	morens
	equires that the physicion signed by the burial-transit buriol, cremati		rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF					
	require y physic signed burial	CERTIFICATION		(c)	IOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)		
	AN: The law requires that the deoth certificate be exertal or ottending physicion. It is been signed by the attending physician and a factor use os the burial-transit permit. Then please remo Heolth prior ta burial, are attended, and in any		19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PI		AUTOPSY?	20b. IF YES, WERE FINDII	NGS CONSIDERED IN	CERTIFYING
	IAN: The oil or oth icate ho far use Heolth		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OEAT	H HOUR A.M. Month Day Year	21c. HOW INJURY	NO N	ture of injury in Part 1 or Pa	art 2, Item 18.)	
	S PHYSICIAN: The law requires that the deoth certificate be executed the hospital or ottending physicion. This certificate hos been signed by the attending physician and compledetached far use os the burial-transit permit. Then please remove can be Dept. of Health prior ta burial, cremation, or removal, and in any event	MEDICAL		PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	9 21f. LOCATION	Street or R.F.D. No.	City ar Tawn	County	State
	DING I by the After the be de Stote [at work at work	is hospital) attended the deceos	ed fram 19 and that in	, 19, 19	_, to on death accurred on th	., 19, the	at (I) (we) last
•	OR ATTENDING be retoined by th SIRECTOR: After t e 3 should be de ed with the Stote		causes stoted obave	e, (I) (we) (did) (did nat) view the	bady after death.			22c. DATE SIGNED	r did from the
	oy be range 3 poge 3 filed v		22d. PHYSICIAN'S	- Karpa	DEGREE PHY	ADDRESS		٠.	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law ranged 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta	23a.	DUDIN CREMITION DOS	C. Kaufman, M.I	CEMETERY OR CREMATOR		ald, Md 3d. LOCATION (City or Town)	(County)	(State)
	00	24.	REMOVAL (Specify)	1/29/69 H	sbury	2Sa. REC'D BY RE	Crist-115/0	TRAR'S SIGNATURE	mdi
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1 and 2 er death.	1. DECEASED (Type ar	print)	First HARRY	в. на	Middle T.T.		Last		2a. DATE OF	DEATH Manth D MARCH	10 69	2b Hour
officer of	3. SEX		4. R/		- Silver		S. DATE OF BIRT			6. AGE (In years last hirthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
	MAL		71 6171	7-11 00 1101 0	WHITE		JULY 2			TIN.	5.	
	(auntry)	ACE (State ar fareign		ZEN OF WHAT (DUNTRY?	WIDOWED	NEVER MARRI		9. COUNTY OF	RSET		64.4
0	10. CITY OR	TOWN OF DEATH SFIELD,		11 NAME O	F HOSPITAL OR INST address) S NURS	ITUTION (If no	t in hasnital	12a. USUAI	LOCCUPATION	(Kind af wark done life, even if retired.) FARMER		Md. BUSINESS OR
19	13a. USUAL admission)	RESIDENCE (Where d STATE	eceosed lived, 13b.	if institution: R	esidence hefore	13c. CITY OR T	TOWN 13	d. INSIDE CITY LIM	HTS? 13e. ST	REET AND NUMBER		
	14. FATHER'S	NAME First WILLIAM		Middle	Last		MOTHER'S MAID			Middle		Lost
		CEASED EVER IN U.S runknown) (If ye	s give war or dates		SOCIAL SECURITY N	O. 17. IN	FORMANT MARION			Address RMOUNT,	MD.	
	Canditi rise to	USE OF DEATH (Ent ART I. DEATH WAS O IM ans, if any, which g immediate couse the underlying co	MEDIATE CAUSI DU (o).	E (0) _ (CC	ONSEQUENCE OF C	yoca lense	Sial	Infa	retur	3	APPROX BETWEEN 12 Unch	imate interval onset and geath description from the second
		OTHER SIGNIFICAN	THE SEC						NDITION GIVEN	I IN PART 1(o)		
)	RTIFIC	TE OF OPERATION		ON FOR WHICH OF	PERATION WAS PER	FORMED	YES T	NO 🔀		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
	OR CO	CIDENT WAS UNDE INTRIBUTING CAUSE C or, natify medicol e	DE DEATH HO	b. TIME OF INJU OUR A.M. Mo P.M.	RY nth Doy Yeor 19	21c. HO\	V INJURY OCCUR	RRED (Enter	noture of injur	y in Part 1 or Port 2	, Item 1B.)	
	While of wark	JURY OCCURRED Nat while at work	21e. PLACE O	OFFICE	ME, FARM, STREET, FACTO BUILDING, ETC.	7 211. 600	ATION Street o	or R.F.D. No.	City	or Tawn	County	State
	S	certify that (1) aw the deceose ouses stated al	ed alive on	3/11	19	6 9 and	that in (my)	, 19 (our) opin	g, to ian deoth o	ccurred on the d	9 <u>69,</u> that late ond hour	(I) (we) lost ond from the
		NATURE (nn.	Ban		DEGRE	11113.		D. RECTOR	STAFF PHYS. 220	DATE SIGNED	69
	N.	YSICIAN'S AME (Type)					22e. ADDRE	<i>yy</i>				
X	23a. BURIAL REMOY		23b. DATE 3/13/	1969	23c. NAME OF C		CEMER	₩₽V	FATR	N (City or Tawn) MOUNT	(County)	(Stote)
3	24. FUNERAL	DIRECTOR			ADDRESS		2:	SO. REC'D BY	REGISTRAR	2Sb. REGISTRAR	'S SIGNATURE	8/11/00
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11	1	04512	DIVISION OF VITAL RECORDS		BALTIMORE, MARYLAND 21201	0100
		DADIA		CERTIFICATE OF DEA	THE	04506
h. 2 h.		ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
eat ind eat	(Type or print) / hom/	us F	STELLANT	Month // Day	Year - NeY
r d	3. 5		4. RACE	S. DATE OF BIRTH	2 16	IF UNDER I YEAR IF UNDER 24 HRS
offe les affe	0. 3	M	MEGED	3. DATE OF BIRTH		MONTHS DAYS HOURS MIN
nours after death. by the funeral Pages I and 2 nours after death.	-	DIDTIDUACE (C	1127.0	7/4/	1873 75 YRS.	
hou hou	/0. (OL	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
thin 24 hours rilled in by m papers. Perilled it by		MICI	0.5,	WIDOWED DIVORCED	JOMETSE!	Md.
in all (pd land)	10.	CITY OR TOWN OF DEATH			. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
be executed within 24 hours after death and campletely filled in by the funeral eremave carbon papers. Pages 1 and 1 in any event, within 72 hours after death		KEHODOLA	give street address)	HEME DUE	ing most of working life, even if retired.)	INDUSTRY
campletely ave carbon	13a	USUAL RESIDENCE (Where decease	d lived, if institution: Residence before		E CITY LIMITS? 13e. STREET AND NUMBER	
supplet of contract of contrac	adn	issian) STATE MA	13b. COUNTY SomersET	Shell Town YES		
y co	14.	FATHER'S NAMEFirst	Middle Last	15. MOTHER'S MAIDEN N.		Last
are be execting and contact remain any	1	SANC	Stern	rt Sundicks	care was the	Last
e death certificate be attending obtaining obtaining before an, or remayal, and in	160	. WAS DECEASED EVER IN U.S. ADME	ED FORCES? 16b. SOCIAL SECURIT	(NO. 17. INFORMAN)	ALL IN CLEAGY	
Si Si	100	(es, no, ar unknown) (If yes give we	r or dates of service)	nM // (-	Howard Raddress -	t nn1
equires that the death certific physician. signed by the attending lohys burial-transit permit. There burial, crematian, or remaval,	-	116	770-34-7		15MH1-1) E 10001	7 1/19.
en Th		18. CAUSE OF DEATH (Enter only	one cause per line far (a), (b), and ((),)	A - 2 . 7/	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eath indi	10	PART I. DEATH WAS CAUSED IMMEDIAT	TE CAUSE (o) Ciente for	in Hund ar	tio Service Heat	
attend attend permit. ian, or r	П	4123	DUE TO, OR AS A CONSEQUENCE O	F	6	OC_
t the the sit p		Canditions, if any, which gave	(b) Clarent n		e dut weter du	
hat n. y t ans em		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	1		
d b l-tro		lost.	(6)	arlino Fet	res	
quires that the physician. signed by the burial-transit burial, cremat		PART 2 OTHER SIGNIFICANT CONF	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E OD COMPLETION CHIEN IN DARK IV-	
g pl		TAKE 2. OTHER SIGNIFICANT CONE	STITIONS CONTRIBUTING TO DEATH BUT	NOT RECATED TO THE TERMINAL DISEAS	E OKCONDITION GIVEN IN PART I(d)	
din din	NO.	10 - DATE OF ODERATION 101 C				
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physiciap is 3 shauld be detached far use as the burial-transit permit. Their pleased with the State Dept. af Health priar to burial, crematian, or remaval, and	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS A		20b. IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
上 a s a a a l	RIF	0			10 🗍	
AN: Il al cate ar t		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 ar Part 2, Ite	em 18.)
d f f	MEDICAL	(If either, notify medical exomine		19 920-		
cel che	ME	21d. INJURY OCCURRED 21e. P	PLACE OF INJURY (AT HOME, FARM, STREET, I	ACTORY.) 21f. LOCATION Street or R.F.	D. Na. City or Town	County State
Phis this De		While Nat while at work at wark	COFFICE BUILDING, ETC.			
NG We the			hospital) attended the decea	sed fram	19 69, to 3-16 6919	, that (I) (we) last
d b d b d b d b d b d b d b d b d b d b		saw the deceased oli	ve on 3 1 0	19 9 7, and that in (my) (our	r) apinion death occurred on the date	and hour and fram the
and and the state of the state	Н	causes stated abave,	(I) (we) (did) (did not) view the	bady after death.		
A S D S S		22b. SIGNATURE	10	ATTEMPINE	22c. DA	ATE SIGNED
OR DERE		George	atoullow my	DEGREE PHYS.	MED. STAFF PHYS. 3-	17 69
AI COORD		22d. PHYSICIAN'S	<i>e D</i>	22e. ADDRESS	- 8	
ERA ERA J be		NAME (Type) -9 acz	91 6 6 allen ms	> More	on me	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior to	23a	BURIAL CREMATION, 23b. DA	ATE / 23c. NAME O	CEMETERY OR CREMATORY	23d. LOÇATION (City or Town)	(Caunty) (State) /
5 5 P		REMOVAL (Specify)	3/19/69 19	nrum sco	Misvana	mil
11111	24.	SUNPRAL DIRECTOR	ADDRES		EC'D BY REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE
VR A\5 (4) <	1	+ llays	11/2017	I Chuetos DATE	AR 1 8 1969 Minny	es judge
,, 0,	L	16.	vor pinere	of chillen DATE		11

MANUSCRIPTION OF THE PROPERTY OF THE PARTY O 04512 TEMPORTURE SECOND WINDOWS TO SEE STATE OF ATTENDED TO STATE OF THE STATE OF CHERRY STATE THE STATE OF THE S SENTENCE ENTERING TO SERVICE STEWART SEAN !! allowed - Lambage 30/10/10 The also see the and the state of t 1 mon 1 mon

- 1	MARYLAND STATE DEPARTMENT OF HEALTH O. 1. 5.1.2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	04513 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4507
T. 1	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	. 110
3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD	14 1969 p /
	Male White July 10, 1920 48 YRS. MONTHS DAYS HOURS MIN. Month Doy March 14.	Yeor 1969 10 A
	B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
10	U.S.A. WIDOWED DIVORCED Somer set	M
7	Crisfield give street oddress) McCready Hospital during most of working life, even if retired.) INDI	KIND OF BUSINESS OR USTRY T V
7	odmission) STATMaryland 13b. COUNTY Somerset 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Somerset 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Somerset 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS	ve.
14	. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	lost
L	Jesse T. Wilson Lillie Marie	Elliott
16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give word dates of service) ADDRESS	
-	Yes W W II 220-09-1044 Firs. Riva S. Wilson - same as 13ar	APPROXIMATE INTERVAL
ı	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
1	890 X IMMEDIATE CAUSE (o) Carbon monoxide poisoning Due to, or as a consequence of	1 hr.
	Conditions, if ony, which gove	
	rise to immediate couse (o). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
CEPTIEICATION	WAS PERFORMED?	YES NO X
MEDICAL	PRIMARY NOR CONTRIBUTING 9 HOUR AM. 3/141969 Smoke inhalation while fighti	ng fire.
ME	would have been stated for the building etc.)	ounty Stote
		Som. Md.
	22a. I certify that I taak charge of the remoins described obove, held an Autapsy, Inspection, Inquiry,	and in my opinio
6	death resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined manner	
	ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGN	ien.
	MU DOUBLY HERES 3/1	8/69
	EXAMINER'S NAME (Type) C. G. Rawley ADDRESS(Street, city, town, or county) Crisfiel	d, Md.
2	30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	unty) (Stote)
L	Burial Mar.17,1969 Sunnyridge Cemetery Crisfield-Somers	
2	4. FUNERAL DIRECTOR Bradshaw & Sons — Crisfield, Md. 250. REC'D BY REGISTRAR 250. REC'D BY REC'D	
M	UMEDIA O I LOCAL E	VALUE .

THE TOTAL PROPERTY OF THE PARTY · ita e and the same and The state of the s The state of the s